

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1900-1901

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 22 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

44224

State File No. _____

Registration District No. 896

Primary Registration District No. 6199

Registrar's No. 48

1. PLACE OF DEATH:

(a) County Webster
(b) City or town Rural - Ozark township
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X (Specify whether)
In this community life years, months or days 2

3. (a) PRINT FULL NAME Shirley Lee Nell

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased November 11-1940
(Month) (Day) (Year)

8. AGE: Years no Months no Days no If less than one day 23 hr. X min.

9. Birthplace Webster Co., Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business Home

12. Name Oscar Lee Nell

13. Birthplace Webster Co., Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Myrta Luarene Andrews

15. Birthplace Webster Co., Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Virgil Andrews

(b) Address Marshfield, Mo.

17. (a) Burial (b) Date thereof Nov. 13-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Osage

18. (a) Signature of funeral director Charles Nell (acting)

(b) Address Marshfield, Missouri

19. (a) Dec. 11-40 (b) Elisabeth Hylle
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster
(c) City or town Rural - Ozark township
(If outside city or town limits, write "RURAL")
(d) Street No. X (If rural, give location)
(e) If foreign born, how long in U. S. A.? X years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 12
year 1940 hour 5 minute 30 p. M.

21. I hereby certify that I attended the deceased from Birth
Nov. 11, 1940, to Nov. 12, 1940
that I last saw her alive on Nov. 12, 1940
and that death occurred on the date and hour stated above.
Immediate cause of death Premature Birth Duration 1 hour

Due to Not sufficiently developed to be viable
Due to 7 months gestation or less.

Other conditions 154
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy No

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? 824 (Specify type of place) (e) Means of injury _____

23. Signature C. P. Macdonnell (M. D. or other) MD

Address Marshfield, Mo. Date signed 11/12/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer
District File Number **141-154**
Date Filed **JAN 16 1941**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____
_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.